



State of Rhode Island and Providence Plantations

DEPARTMENT OF EDUCATION

Shepard Building

255 Westminster Street

Providence, Rhode Island 02903-3400

Deborah A. Gist
Commissioner**Work Experience Verification Form**

This form should be submitted by applicants who require PK-12 work experience verification when applying for RI certification. Please use a separate form for each employer verifying work experience.

PART A: To Be Completed by the Educator (Please PRINT or TYPE)

Last Name	First Name	Middle Initial	Cert Id Number (or SSN)	Certificate Areas and Code (Listed on page 3 of General Application)

PART B: To be completed and signed by the District Superintendent. (Please PRINT or TYPE) (If an educator's work experience was in a charter or private school, the appropriate Head of School or Director should complete and sign)**District/Institution Information:**

Name of School/District: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Position: _____

Phone: (_____) _____ - _____ Ext: _____ Email: _____

PK-12 Work Experience: In the chart below complete PK-12 work experience for the educator, starting with the most current experience. All sections must be completed for the application to be processed.

Dates of Service		# of Days in Service if Substitute	Grade Level(s)	Subject Area(s)	Title / Position Held/ Description of Role
From: (MM/DD/YY)	To: (MM/DD/YY)				

I verify that the above listed information omits leave of absence periods and that all information is complete and accurate according to the official records of the school district or institution.

(Signature of Superintendent/Head of School/Director)_____
(Date)_____
(Printed Name of Superintendent/Head of School/Director)Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: www.ride.ri.gov

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